

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

I hereby revoke all previous powers of attorney given in the applications listed on the attached Schedule A.

I hereby appoint:



Practitioners associated with the CUSTOMER NUMBER:

21967

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the applications listed on the attached Schedule A to:



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State

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Country

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Facsimile

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------------------|-----------------------------|-----------|------------------------|
| Signature | <i>Edward R. Casaggett</i> | Date | <i>August 14, 2008</i> |
| Typed or Printed Name | EDWARD R. CASAGGETT | Telephone | (937) 644-0011 |
| Title and Company | Vice President & Asst. Secy | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 1 forms are submitted.

SCHEDULE A

| First Named Inventor | Application Number | Conf. No. | Filing Date | Patent Number | Issue Date | New Atty Docket Nos. |
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